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PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	JL-2010	
		First Named Inventor	Derry Roopenian	
		COMPLETE IF KNOWN		
		Application Number	Not yet assigned	
		Filing Date	Not yet assigned	
		Group Art Unit	Not yet assigned	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	
As a below named inventor, I hereby declare that:				
My residence, mailing address, and citizenship are as stated below next to my name.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <div style="text-align: center;">FcRn-BASED THERAPEUTICS FOR THE TREATMENT OF AUTO-IMMUNE DISORDERS <i>(Title of the Invention)</i></div>				
the specification of which <input checked="" type="checkbox"/> is attached hereto				
OR				
<input type="checkbox"/> was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

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DECLARATION - Utility or Design Patent Application									
Direct all correspondence to: <input type="checkbox"/> Customer Number _____ OR <input checked="" type="checkbox"/> Correspondence address below or Bar Code Label _____									
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Address	Kevin M. Farrell, P.C. P.O. Box 999								
City	York Harbor	State	Maine	ZIP	03911				
Country	USA	Telephone	(207) 363-0558		Fax	(207) 363-0528			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Derry		Family Name or Surname		Roopenian			
Inventor's Signature				Date					
Residence: City		Salisbury Cove	State	ME	Country	USA	Citizenship	US	
Mailing Address		Box 29, Locust Lane							
City	Salisbury Cove	State	ME	ZIP	04672	Country	USA		
NAME OF SECOND INVENTOR:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname					
Inventor's Signature				Date					
Residence: City			State		Country		Citizenship		
Mailing Address									
City		State		ZIP		Country			
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									